## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(instructions on back of application)

2010 JUN 18 PM 3: 52

SECRETARY OF STATE

1. The name of the limited liability	company is:	ST	ATE OF IDAHO
•	R. Klingler Enterpri	ses LLC	
2. The complete street and mailing			cipal office:
301 F	Park Ave, Idaho Fall		
(Street Address)			
(Mailing Address, if different than street address	ss)		
3. The name and complete street a	ddress of the reg	gistered agent:	
Justin Klingler	2070	2070 Cassidy Ave, Ammon, ID 83406	
(Name)	(Street Address)		***************************************
The name and address of at least company:	st one member o	r manager of the limited	l liability
Name		Address	
Justin Klingler	2070	Cassidy Ave, Ammon, ID 8	3406
<u> </u>			
			<del></del>
	<del></del>		<u> </u>
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	· .		
5. Mailing address for future corresp	pondence (annua	al report notices):	
	O Box 493, Iona, ID		
6. Future effective date of filing (opt	ional):		
Signature of organizer(s). (An organizer	is a member or is		
acting in behalf of a member or members).			· · · · · · · · · · · · · · · · · · ·
Signature Satur 9/12	-	Secretary of State	use only
Typed Name: Justin Klingler			
Typod Haine.			
Signature			
Typed Name:		IDAHO ( 2 06/21 CK: 459942	SECRETARY OF STATE /2 <b>010 05:00</b> T: 172099 BH: 1227303

1 8 108.08 = 180.08 ORGAN LLC # 1 0 20.08 = 29.00 EXPEDITE C #

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